ForwardHealth
Wisconsin serving you

Field Order	Field Description	Maximum Field Length	Comments
1.	Provider Full Name	50 characters	This is the name of the organization or person who is certified to provide services. If the Provider Name Type is 'P' then the name is formatted as follows: Last Name= positions 1-25 First Name=positions 26-38 Middle Initial= position 39 If the Provider Name Type is 'B' then the full field is the name of business
2.	Provider Name Type	1 character	This is an indicator of whether a name is that of a person or an organization. The current valid values are: B - Business Name P - Personal Name
3.	Medicaid Provider Number	9 characters	Proprietary provider ID. − A provider ID with eight digits is a legacy MMIS provider ID. − A provider ID with nine digits is an interChange assigned provider ID. Field is right justified with leading space if eight digits.
4.	Street Address 1	30 characters	Physical street address line 1 for the practice location of the provider.
5.	Street Address 2	30 characters	Physical street address line 2 for the practice location of the provider.
6.	City	30 characters	Physical address city for the practice location of the provider.
7.	State	2 characters	Physical address state for the practice location of the provider.
8.	ZIP code	5 characters	Physical address 5 digit ZIP code for the practice location of the provider.
9.	Four Digit ZIP code extension	4 characters	Physical address 4 digit ZIP code extension for the practice location of the provider.
10.	County	10 characters	Physical address county code for the practice location of the provider.
11.	Contract Code	5 characters	Identifies the medical assistance programs that a provider is certified for.
12.	Contract Description	20 characters	Description for the Contract Code.
13.	Contract Effective Date	8 characters	The first date the provider contract is effective. Format is MMDDYYYY.
14.	Contract End Date	8 characters	The last date that the provider contract is effective. Format is MMDDYYYY.
15.	Current IRS Number	9 characters	Tax identification number.
16.	License Number	10 characters	Provider's Wisconsin license number. This value will be space filled if there is no WI license on file.
17.	Provider Type	2 characters	Interchange assigned provider type code.
18.	Provider Type Description	50 characters	English description of the Interchange assigned provider type code.
19.	Provider Specialty Code	3 characters	Interchange assigned provider specialty code.
20.	Provider Specialty Description	50 characters	English description of the Interchange assigned provider specialty code.

Meeting Date: 10/15/08

Field Order	Field Description	Maximum Field Length	Comments
21.	Medicare Part A	1 character	Indicator for provider certification for Medicare Part A This field will have a value of A for Medicare Part A.
22.	Medicare Part B	1 character	Indicator for provider certification for Medicare Part B. This field will have a value of B for Medicare Part B.
23.	Location Status Indicator	1 character	Indicates whether the provider is in-state or out-of-state. Values are: – O = Out of State – Y = Out of State Youth – E = In-state Emergency – I = In-state.
24.	NPI	10 characters	National Provider Identifier
25.	Taxonomy	10 characters	Provider taxonomy code identifying provider type and specialty.
26.	Billing Indicator	1 character	Indicates if the provider is allowed to be a valid billing provider, performing provider or both when processed by the interChange system. The values are: Y - Biller N - Performer B- Biller and Performer.

♦ Wisconsin certified Medicaid providers including out of state providers are included in this report.

♦ Only currently certified providers and those providers decertified within the 24 months are shown.

♦ The provider file will be delivered weekly on Thursdays and is a full replacement.

♦ File name is "PROVIDERYYYYMMDD.txt" (where YYYYMMDD is the date the file was produced)

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